

Registered Mail

December 22, 2015

Director, Air and Waste Management Division  
US EPA  
Federal Office Building  
26 Federal Plaza (Foley Square)  
New York, NY 10278

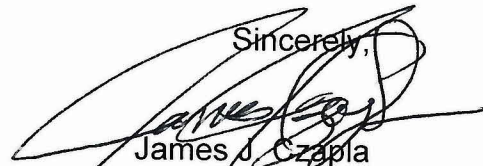
Re: Annual Asbestos Notification for 2016

Dear Sir or Madame:

Attached is the annual notification of demolition and renovation for planned non-scheduled asbestos renovation for calendar year 2016.

If you have any questions contact please feel free to contact me at (716)-278-7534.

Sincerely,

  
James J. Czaplak  
Environmental Engineer

Attachment

cc: NYSDEC, Albany attention: Division of Air Resources



Occidental Chemical Corporation  
P.O. Box 344  
Niagara Falls, New York 14302-0344  
716/278-7777

Asbestos notification annual 2015

Bcc:  
Scan  
J Guzzetta  
CF – USEPA-hard  
JJC (1)-hard  
UNPD/Envir/air restrict/asbestos notification

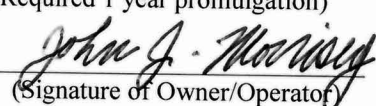
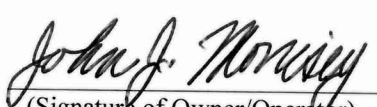
## Notification of Demolition and Renovation

<b>I. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)</b>				
<b>OWNER:</b> Occidental Chemical Corporation				
Address: 4700 Buffalo Avenue				
City: Niagara Falls		State: NY		Zip: 14302-0344
Contact: James J. Czapla		Tel: 716/278-7534		
<b>REMOVAL CONTRACTOR:</b> Frontier Insulation				
Address: 2101 Kenmore Avenue				
City: Buffalo		State: NY		Zip: 14207
Contact: Michael Lynch		Tel: 716/874-6470		
<b>OTHER OPERATOR:</b>				
Address:				
City:		State:		Zip:
Contact:		Tel:		
<b>II. TYPE OF NOTIFICATION (O=Original/R=Revised):</b> O - Annual Notification				
<b>III. TYPE OF OPERATION (D=Demolition/R=Renovation):</b> R				
<b>IV. IS ASBESTOS PRESENT:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
<b>V. FACILITY DESCRIPTION (Include building name, number and floor or room number)</b>				
Building Name: General Plant site				
Address: 4700 Buffalo Avenue				
Address:				
City: Niagara Falls		State: NY		County: Niagara
Site Location:				
Building Size:	SqMeter:	SqFt:	# of Floors:	Age in Years:
Present Use: Manufacturing Facility			Prior Use: Manufacturing Facility	
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> N/A				
<b>VII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:</b>				
			Nonfriable Asbestos Material Not to be Removed	
		RACM to Be Removed	Category I	Category II
Pipes – Linear Feet		*	<input type="checkbox"/>	<input type="checkbox"/>
Pipes – Linear Meters		*	<input type="checkbox"/>	<input type="checkbox"/>
Surface Area – Square Feet		*	<input type="checkbox"/>	<input type="checkbox"/>
Surface Area – Square Meters		*	<input type="checkbox"/>	<input type="checkbox"/>
Volume RACM Off Facility Component – Cubic Feet		*	<input type="checkbox"/>	<input type="checkbox"/>
Volume RACM Off Facility Component – Cubic Meter		*	<input type="checkbox"/>	<input type="checkbox"/>
<b>VIII. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY)</b>		Start: 1/1/2016		Completion: 12/31/2016
<b>IX. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY)</b>		Start: 1/1/2016		Completion: 12/31/2016

Continued on Page 2

Cumulative total of all unscheduled removal may exceed 260 LF/160 SF /35 cu. Ft.

## Notification of Demolition and Renovation (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS(S) TO BE USED.		
	Potential removal of piping insulation, roofing, floor & ceiling tiles, etc.		
XI.	DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
	Containment, negative air, wet method, hepa vacuum, glove bag		
XII.	WASTE TRANSPORTER #1		
	Name: Republic Services		
	Address: 2321 Kenmore Avenue		
	City: Kenmore	State: NY	Zip: 14217
	Contact Person: Don Dwyer	Telephone: 716-614-3333	
XIII.	WASTE TRANSPORTER #2:		
	Name:		
	Address:		
	City:	State:	Zip:
	Contact Person:	Telephone:	
XIV.	WASTE DISPOSAL SITE:		
	Name:		
	Address: 56 <sup>th</sup> Street & Niagara Falls Boulevard		
	City: Niagara Falls	State: NY	Zip: 14304
	Telephone: 716/285-3344		
XV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
	Name:	Title:	
	Authority:		
	Date of Order (MM/DD/YY):	Date of Order to Begin (MM/DD/YY):	
XVI.	FOR EMERGENCY RENOVATIONS		
	Date and Hour of Emergency (MM/DD/YR):		
	Description of the Sudden, Unexpected Event:		
	Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:		
XVII.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.		
	Glove bagging and wet removal or HEPA enclosure and wet removal, etc.		
XVIII.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THE THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (Required 1 year promulgation)		
	 (Signature of Owner/Operator)		12/23/15 (Date)
XIX.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
	 (Signature of Owner/Operator)		12/23/15 (Date)